

**Health Counseling Services**  
**Observed Skill Assessment**  
*Certificate of Completion*

*This Certificate of Completion verifies that*

**Visal Samrith**

*has attended training in administering the following routes of medication administration:*

- *oral tablets,*
- *oral liquids,*
- *topical medications,*
- *ear drops,*
- *eye drops,*

*and has demonstrated their skill in these routes of medication administration procedures.*



Passed Demonstrated Skill



Did Not Pass Demonstrated Skill

**HCS recommends that you discuss specific policies and procedures with your facility supervisor as well as any additional requirements your facility may have for medication administration.**

*HCS encourages students to keep a duplicate copy of this certificate for their personal records.*

*T. Cunniff, RN*  
Registered Nurse  
Health Counseling Services

8/15/2024  
Date

